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CHOLERA: ITS ETIOLOGY, ORIGIN, AND MODE OF PROPAGATION.*

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Very wide differences of opinion among the profession have existed for many years as to the cause and mode of propagation of cholera.

At the late meeting of the "American Medical Association," the subject of cholera was treated in a very able and well-read paper by Dr. Hollister, of Chicago. He assumed the ground that the cause of the disease is due to the presence of the comma-shaped bacillus; that the disease is of exotic origin, and that it is portable in character. In the discussion that followed these premises were controverted by Dr. Davis, of Chicago, and others, among them myself.

Cholera, like yellow fever, has for a long time been regarded by many physicians as a contagious disease; and since the idea of its germ origin has taken root that opinion seems to have gained ground.

When we come to consider the manner in which the disease develops in certain localities, confining itself to certain limits, it should strike the reasoning mind that it is due to some infecting cause existing in those localities. We must make some distinction between infection and contagion.

In the latter part of June, 1849, I visited two patients with cholera on the Ohio River who had just returned from New Orleans, where the disease was prevailing. They both died, but no member of the large family of the house was affected by it. I also visited another person who was taken with the disease at a point not far from his home. As soon as he was able to be removed I had

him taken home, but no case occurred either at his neighbor's or his own house, although he had a large family. This patient had also been at New Orleans. I saw many other cases during the summers of 1849 and 1854, and in these instances one or more of a family had the disease while the others escaped; but I speak of the cases from the South, because there could be no mistake as to the true character of the disease.

In 1854, about the first of March, there was high water in the Ohio River, which, meeting the headwaters of a freshet in Salt River, caused the town of Shepherdsville to overflow, covering the lower floor of most of the houses in the place. The waters went down, leaving the cellars, wells, and all low places filled with water and debris. From that time until about the first of June the weather was dry, and set in hot about the middle of April. This character of weather continued until about the first of June, when frequent showers occurred without abatement of the heat.

The first case of cholera occurred in a negro man on the 6th day of June; the next day several families, and sometimes two or more in a family, were taken almost simultaneously, and all who were attacked died.

Then began the exodus. Every family save two left, and every family so leaving lost more or less of its members within a few hours or days after leaving, but no case was heard of who contracted the disease from the refugees whom they entertained, nursed, and buried; nor did any countrymen contract the disease by going into town and staying a part or all of the day. There was a crowd of bummers who went in one day to get drunk, which they succeeded in doing, the bar-rooms being well supplied and having no attendants. One of the crowd got so drunk that he was unable to get home and remained in town all night. He died of cholera on the next morning.

There were about one hundred and forty

*Read at the June Meeting of the Kentucky State Medical Society.

cases before and after the exodus and no recoveries. It was about five weeks from the first to the last death. No one had the disease who slept up stairs. I received the foregoing statistics of the disease, as it prevailed in Shepherdsville, through the kindness of my worthy and able friend, Dr. Bates, of that place. In the same year, on Market Street between Ninth and Tenth in Louisville, the pestilence developed itself with great virulence, destroying about fifty persons in a very short time. This outbreak was confined to that locality.

When the cause came to be investigated it was ascertained that a sewer pipe had burst and its vile contents had permeated the ground in the vicinity so as to completely saturate the earth, and in places it oozed through the surface. The infected district was soon vacated, but we heard of no one being affected among those with whom they took refuge.

A great many similar instances might be cited, going to prove very strongly the infectious character of the cause of cholera; but the limits of this paper forbid my reciting them.

It may be asked, what is the nature of this infection; what is its genesis? The answer seems to point very plainly to foul air, produced by filth; and if this filth differs very materially in character from that producing malarial fevers, I admit that I am unable to perceive the distinction.

I have thought for many years that the same cause, to wit, malaria, that produced the various types of diseases ordinarily regarded as being due to that cause also produced cholera, being, perhaps, somewhat modified by atmospheric influences. We frequently have, in the same vicinity, and even in the same house, cases of fever of different phases of character as well as different degrees of severity, all being due to malarial influence. All who have practiced in malarial districts have, perhaps, had their attention called to these facts; some cases being of the different varieties of intermittent, some of remittent, and now and then a case of pernicious or congestive chills. Now, where we have cases of intermittent and remittent fever in the same house, all having been equally exposed to the action of the cause, we must attribute the difference to the peculiarity or greater susceptibility of some to the impress of the cause than others. Some people hardly ever have a chill or fever. In these cases we must say that they possess greater

power of resistance to malarial influence than those living in the same locality who are affected. But in the same neighborhood there may be certain localities where the effects of malaria are much more strongly developed than in others. This is due, of course, to the presence in greater abundance of the elements which unite to produce the cause.

Then, again, if we go to the swamps of the South at certain seasons of the year, we have fevers of a much severer type than those occurring farther north.

We have what is termed congestive remittent, or what is designated down there as swamp fever. When this fever becomes epidemic, it assumes great virulence, and in many of its characteristics resembles yellow fever, being equally as fatal.

Then, when we find that malaria is capable of producing so many diseases of different types and grades of severity, from the mild intermittent to the fatal congestive form, why should we exclude it from operating as a prominent factor in the production of cholera, when that disease occurs as a rule in known malarial districts at the same seasons of the year, and generally at the time when those diseases known to be due to that cause are prevalent?

In what is termed the home of cholera, to wit, the district of country embracing the lower delta of the Ganges, where there is an annual overflow, we frequently have not only cholera, but yellow fever and remittent, all prevailing at the same time, being due no doubt to the different degrees of virulence of the cause, the amount of exposure, and to the susceptibility of the system to its impress. Speaking of the degrees of virulence of malarial influence, it is said at certain seasons that it is so active in the vicinity of Batavia that no one unacclimated can be on shore one night without suffering from an attack of yellow fever, although it is contended by some that the West Indies are the home of that disease. The history of cholera, as well as yellow fever, furnishes us abundant evidence for its preference for malarial districts, and in vicinities where filth has been allowed to accumulate. It, like its congeners, yellow and swamp fever, prevails as a rule in warm weather, and, like them, is checked by cold. It, like other diseases due to malaria, may to a great extent be avoided by sleeping in upper stories, even in districts or localities where it is prevailing; and, like all acknowledged malarial diseases, a patient affected

with it may be removed to a healthy locality without propagating the disease among those with whom he may go. And, also, like those diseases, it has a period, longer or shorter, of latency.

It may be asked by some, if cholera is due to malaria, why should we not have it every year in all malarial districts? Now, this question can, perhaps, be better answered by asking another. Why is it that some years we have no malarial fevers, some again only intermittents, and then again remittents of mild or grave character, and now and then pernicious chills? All these variations both in type and severity no doubt are due to the character of the seasons, the amount of rainfall, duration of hot spells, etc.

The disease may be due to the presence of some peculiar-shaped germ, although satisfactory proof of the fact, I think, still admits of doubt, and I am fully satisfied that if ever it is evolved into a demonstrated fact that the disease is due to a bacillus, that it will be similar to that which produces all malarial diseases, and will prove to be non-contagious.

This would seem to be the golden age as it respects the search for and the discovery of microbes and, as the venerable Dr. Davis, of Chicago, remarked in discussing this subject in New Orleans, "when we intently set out to look for a certain kind of germ we are apt to find it." Now, may not the imagination, added to the great anxiety to succeed together with the fame it may bring, help us very much in the discoveries we may make in the world of germs? The germ philosophy as the cause of disease is advancing with rapid strides to the zenith of its popularity; and the fate of other theories in medicine which have exploded long since should remind us to observe some degree of caution in embracing with enthusiasm something not fully demonstrated to be tangible.

The late theory of Lister, that carbolic acid dressings as an antiseptic were essential to safety in the treatment of wounds, became as popular among surgeons as the germ-theory is now among physicians, but when the cool and philosophical minds of such men as Keith and Tait thoroughly tested the matter, they became fully satisfied that all the good results of such dressings were due simply to *cleanliness*. Then let us regard the cholera microbe, if such a germ exists, with entire complacency as long as we observe the godlike virtue of cleanliness.

We come now to examine into the theory

of cholera as an exotic disease. The fact that in many localities in this country during the several years of its presence it prevailed at the same time, thus excluding the idea of contagion or its prevalence by atmospheric influence, should teach us that it is of local or endemic origin. Many practitioners can also attest the fact that it has broken out in certain localities very suddenly, and without there having been any communication between them and infected districts. I have already alluded to several instances of this character, wherein the environments of those localities were sufficient to account for the production of the disease. If cholera should result from the accumulation of filth in the streets of a city of Bengal, why should not the same phenomenon occur in the streets of New Orleans, or any other American city under like local and atmospheric influences? If the theory that filth influenced by heat and moisture will generate a cause which will develop the disease in Bombay or Madras, why may not the same elements under the same influences produce the same effect in New Orleans?

Now, *a priori*, this looks like a very simple question, and should be answered in the affirmative. The reason, no doubt, why cholera prevails more generally in what is ordinarily termed its home or place of nativity, to wit, on the Ganges, is the fact that the elements which produce the cause are more constantly present there than in any other country. In the discussion of this subject at New Orleans, Dr. Hollister asked Dr. Davis why Chicago had escaped cholera for so many years if it was not an exotic and portable disease? Dr. Davis had left the hall previous to the question's being asked. I think the proper solution to the question is, that it requires a certain amount of filth, a certain amount of heat, and a certain amount of moisture to generate the cause, and if these elements vary in any particular in their definite proportions, the disease will not be developed. Now, in Chicago it is not often that we have a sufficient amount of solar heat lasting sufficiently long to generate malaria of sufficient virulence to produce an epidemic as severe as cholera.

It may be asked, if cholera is due to malaria why is it not characterized by some of the conditions prominent in well-known malarial diseases? This is a very pertinent question, and should be candidly answered. Any physician who has seen cases of congestive or pernicious chills readily recognizes their analogue in cholera. In fact,

aside from the character of the discharges from the stomach and bowels, the other group of symptoms are precisely the same. We have deep congestion, vomiting and purging, cramps and collapse. Death in both diseases commences at the heart. Somewhat similar symptoms obtain in what is known as congestive remittent fever.

It is frequently denied by the exotic theorists that the cholera we have, making its appearance in various localities over the country, is the true Asiatic cholera, because we are unable to trace its portability. I should think if gravity of a disease is sufficient to indicate its true character, we had the real disease in Shepherdsville and Louisville in 1854, and at many other places over the country where its portability could not be traced. I think there is abundant evidence to show that the disease may originate from the cause generated under favorable circumstances in this country, and of as fatal a type as that of the *true Asiatic* cholera, so called, as it exists on the Ganges. The cause of cholera no doubt may be and often is generated on shipboard from want of attention to cleanliness and due ventilation. Ships thus infected may have the disease developed on board, and arriving at one of our ports would of course transport the cause, but would only affect those who may dwell on board. This is the only way, in my estimation, in which the cause of cholera is portable, aside from its *impress* on the systems of persons who may escape from infected localities. Refugees from infected districts have traveled thousands of miles before the disease was developed, the cause remaining latent in the system during that time. A notable instance of this occurred in 1833, when cholera prevailed as an epidemic in New Orleans.

Two gentlemen from the East left the city for home, and arrived in the Alleghenies before the disease manifested itself. This distance required two week's travel, as they went by steamboat and stage-coach. Both of these cases proved fatal, and no one was affected in the locality where they died. In speaking of the disease's origination on shipboard, two well authenticated cases occurred in 1848. An emigrant ship sailed from Havre, France, on the 9th of November for the city of New York. When sixteen days out at sea cholera broke out on board. At the time when she left the city of Havre there was no cholera there, and the crew and passengers were healthy. Another ship left Havre on the 3d of Novem-

ber for New Orleans, with all on board in good health. When twenty-six days out cholera was developed on board. Of course we can readily imagine how the cause of disease can be generated on board of a crowded emigrant ship.

Although at the late meetings of the American Health Association, and of the Sanitary Council of the Mississippi Valley, various means were recommended to prevent the introduction and spread of cholera in the United States, such as quarantine, disinfectants, isolation, etc., yet they both in the strongest terms advised local inspection, removal of filth, abatement of nuisances, and the close observance of strict sanitary precautions in domestic environments.

In view of the portable and contagious character of cholera, quarantine, disinfection, isolation, etc., would be advisable and judicious measures, but why should we be so particular about our local surroundings if the disease is due to contagious and portable germs? In that case, the disease should have no respect for localities or persons, no matter what might be their sanitary condition. At least no positively known contagious disease is influenced in that particular. It is admitted by every one that cleanliness, both of person and surroundings, is greatly to be desired, and conduces to general healthfulness, but why should we be so particular about the matter as it respects contagious diseases?

These sanitary bodies seem to have great confidence in being able to stamp out the disease, should it make its appearance, by quarantine, disinfectants, and isolation, although they regard it in the same light, as to the manner of its origin and spread, as yellow fever. The lesson taught in regard to the value of these measures in stamping out the latter disease in 1878 should still be remembered. Although quarantine, enforced by the shot-gun, was practiced, and barrels of carbolic acid were used, the disease did not seem to be in the least checked or modified. Several physicians of Mississippi informed me that they had lost all confidence in the virtue of disinfectants.

Now, my humble opinion is, that the only way cholera can be *stamped out* is to prevent its occurrence by a strict observance of sanitary measures in all our surroundings; and in malarial districts to sleep in upper stories. The observance of these measures, together with prudence in living, will no doubt obviate the development of the disease so far as it can be done.

Miscellany.

THE INTERNATIONAL MEDICAL CONGRESS FIGHT.—Advices from the seat of war indicate considerable skirmishing along the lines of the opposing forces with the prospect of general engagement in the near future.

FURTHER WITHDRAWALS ON THE PART OF OFFICERS.

E. S. Dunster, M. D., and Henry Sewall, Ph. D., of the University of Michigan, request that their names be added to the list of those gentlemen who have already declined to serve as officers in the organization of the International Medical Congress as arranged by the second enlarged committee at their recent meeting in Chicago. In a letter to the New York Medical Journal these gentlemen say:

In taking this step we do not intend to criticize the committee for their action. On the contrary, we think that, handicapped as they were; they did their work remarkably well. But we do object to the action of the American Medical Association at the New Orleans meeting in introducing into the question of the organization of a Congress for scientific work an element that has no more pertinency to such a purpose than a man's religion or his politics.

C. H. Mastin, M.D., an appointee of the old Committee to the Council of Military and Naval Surgery, washes his hands of the work; and in a letter to the Philadelphia Medical News of August 1st, says:

I was appointed to that position by the *original committee*, and as their action in organizing the Congress has been revised, and their appointments very largely annulled at the last meeting of the American Medical Association, I do not think I can, in justice to the committee from which I hold my appointment, longer continue my connection with the Congress as it is now organized. . . . As much as I oppose the action of what is known as the New Code Party, and as heartily as I approve and indorse the Code of Ethics as adopted by the American Medical and American Surgical associations, still I am thoroughly and entirely opposed to the introduction of any and all medico-political questions into the organization of purely scientific bodies, such as the International Medical Congress. . . . I am unwilling to occupy any position which would seemingly indorse such action.

The Alleghany County (Pa.) Medical Society, at a recent meeting, adopted by a unanimous vote the following preambles and resolutions (New York Medical Journal):

WHEREAS, The American Medical Association, at its recent meeting at New Orleans, has seen fit to rescind the action of the original committee,

adopted at Washington, to arrange for the meet of the Ninth International Medical Congress, to be held in Washington in 1887, and

WHEREAS, The new committee in its recent action at Chicago has so changed the arrangements for the meeting of the Congress as to insure its failure, therefore be it

Resolved, That the Alleghany County Medical Society disapproves of the action of the Association at New Orleans and of the action of the new committee at Chicago, and further,

Resolved, That the American Medical Association at its next meeting in St. Louis be advised to restore to the original committee, which was appointed at Washington, full power to make all arrangements for the meeting of the Ninth International Medical Congress.

THE THUNDER OF THE MEDICAL PRESS.

And as some of the leading New York men, including Dr. Jacobi and Dr. Lefferts, who were to have presided over sections, have already been deposed from their places as adherents of the new code, while Dr. Bowditch, the most respected physician of Massachusetts, has been struck off the list of vice-presidents for his sympathy with that party, it must be admitted that the New York Medical Journal is probably right in describing the outlook for the Congress as "gloomy." We can only hope that the sound sense for which our American cousins are so distinguished will prevail, and that the decisive action of the Philadelphia practitioners will rouse the mass of the profession in America to step in and to decide by overwhelming numbers, before it is too late, that old controversies shall be sunk, that old ill-feeling shall be buried, and that no one shall be allowed to turn partisan spirit into a ladder for his own elevation at the expense of the reputation and good-fellowship of the profession to which he belongs.

We do not wish, and we hope no one on this side the Atlantic will attempt to revive the memories of the celebrated dispute on the codes. We believe that the late Dr. Panum, the lamented President of the Copenhagen Congress, distinctly insisted, when the invitation to America was accepted, that the code question should not be raised; and we feel sure that a very large majority of English and Continental practitioners will refuse to cross the water if this understanding is not rigidly kept to. They will feel, too, that if they go to Washington they can only go as the guests of an undivided profession. A Congress from which the most distinguished representatives of American medicine were excluded, or had withdrawn, would not be worth going to as a scientific meeting, while the remembrance of the bitterness and heart-burnings which had attended its organization would rob its social distractions of all their charm. It would be like feasting with a man, while his wife, unjustly divorced, stood in the street watching. We can assure our American readers that, in the present case, the best English sympathies will be with the wife. The men whom English visitors, if they go, will go to see and hear, are the very men who have been elbowed out of the Congress. The scientific success of a Congress does not depend on numbers, but on quality. The profession in America is, no doubt, rich in numbers as well

as in scientific activity, but it is not so rich that it can afford to play all Europe with only pawns on its side of the board.—*London Medical Times*.

The action of this committee confirmed the gloomiest forebodings. The committee chose as its officers men who, whatever may be their talents, had led the movement at New Orleans, and secured themselves in office. Many physicians who had accepted position in the Congress from the original committee, despairing of the success of the undertaking in its new hands, determined to withdraw from the organization; others, openly declaring, they would not serve under such officers, also, withdrew.

The meetings of the profession in Philadelphia, Boston, Baltimore, Washington, and Cincinnati, not to mention individual instances in other places, bear witness to the extent and earnestness of this feeling. Every day has brought fresh accessions to the list of those who decline to follow such leaders, and as the facts of this unfortunate business become more generally known, the list of those who distrust the leaders of the revolution inaugurated at New Orleans will grow apace.

Much was said at New Orleans and elsewhere about the code question in connection with the Congress. Such gentlemen as have seen fit for reasons to withdraw from the Congress as at present organized have been accused of being unfriendly to the code, and supporters of the new code.

Philadelphia was the birth-place of the code. There it was ingrafted on the Constitution of the American Medical Association and first offered as the creed of the profession in the United States, and there, if any where, is its spirit a living spirit and does its letter carry the force of law. And yet Philadelphia physicians were the first to take up arms against the New Orleans movement. But the question of code was not in their minds. They well knew how adroitly and with what effect it had been used at the National Association, but when they met to record their objection to the Congress passing into the hands of its present leaders, the code was never once mentioned; it was not thought of. The motives which influenced them, the causes which led them to decline to accept office in the Congress under its new organization, were of another and very different kind. Among other reasons these gentlemen withdrew from the Congress because—and chiefly—they distrusted the new management, and because the profession at large had been denied representation in that body.

When Dr. Leidy and Dr. Agnew, Dr. DaCosta and Dr. Stillé, Dr. Horatio Wood and Dr. Gross, and Dr. Parvin and their coadjutors met, their purpose was to withdraw from the Congress for the simple reason of distrust in the new management. They felt aggrieved at the behavior of the Association at New Orleans. They were dissatisfied with the action of the committee at Chicago. And they went to record to this effect.

That the same feeling of distrust, not to use a stronger word, reaches to many other places, no observant man will deny. That it exists to such degree—that it exists at all—affords cause for the liveliest apprehension. That it will acquire such proportions as may lead the National Association to call a halt and undo some of the work it did in such unseemly haste at New Orleans remains to be seen.

The conjuncture is certainly grave enough to make such action seasonable. And if wisdom united to courage and the charities direct and control the Association, it may still recover from the stab inflicted with its own hand at New Orleans, and bring the session of the International Congress in 1887 to a successful close. Otherwise the fate of the Association, no less than that of the Congress when it meets on American soil, is easily read.

The end of one will be disintegration and decay. That of the other will be mortifying failure. These are strong words, but sober withal.

What will be the outcome of this deplorable muddle it is altogether impossible now to say. The committee, aided by older and wiser heads than those who have hitherto directed its movements, may bark back and find a path which will lead the Association out of its present dilemma and up to the point of organizing a truly International Congress worthy alike of its noble aims and of the great guild which bids it come to our land. If the committee fails, especially if it fails through unworthy ambition, love of patronage, or worse than all, through greed of office, it will realize before this business is finished that wreckers are sometimes wrecked, and revolutions are often fatal to their leaders.—*American Practitioner*.

Of late it has looked as if these withdrawals, which at first threatened to confirm the wreck of the Congress, would really lead to the radical remedy we have mentioned, and also to the far more important result of lifting the American Medical Association out of the low position it has brought itself to occupy.

The new organization still has its defenders, however. They are no longer confident, and they have been put on the defensive; but it is evident that they will not give up their undertaking until they are compelled to do so. The tenacity of their purpose is shown by their latest tactics. Realizing the effect that is sure to be produced by a continuance of such action as that taken in Philadelphia and the other cities that we have mentioned, and the informal action taken by individuals elsewhere, they are now trying to persuade those who have not yet declined not to do so. They hold out the consideration that it is unnecessary and quite out of character for a man to decline a position until he has been officially notified of his appointment. As the secretary can take his own time about notifying the appointees, it is evident that, in case he avoided sending out notices, and the appointees could be made to take the advice mentioned, they would have the game in their own hands. It is nearly a month since the appointments were made public, and it seems to us that any of the appointees who hesitate to declare their intentions, simply because they have not been officially notified, can only be compared to the man who, seeing a man drowning, refrained from interfering on the ground that he had never been introduced to him.

Another device to which they are resorting is that of affecting to look upon the dissatisfaction that has been expressed as not really due to their revolutionary scheme of reorganization, but simply to the unpopularity of the secretary, Dr. Shoemaker, and it is hinted that that gentleman will be induced to resign, with the result of calling back those who have declined, and restoring har-

mony. It is needless to say that nothing could be more absurd than the pretense that Dr. Shoemaker's unpopularity, in case it exists, is at the bottom of the serious action that has been taken. It is little short of ridiculous to bring forward so paltry a matter as being the cause of so important a step. But, even if there were any truth in it, Dr. Shoemaker is not the man to allow himself to be cast overboard as a Jonah. We must conclude, therefore, that the petty nature of all that can be said in favor of the reorganization augurs well for the hopes of those who recognize that nothing but its overthrow can save the Congress.—*New York Medical Journal*.

WHY THE NEW ORGANIZATION OF THE CONGRESS SHOULD BE REPUDIATED.—The action of a large number of the most prominent medical men of this country, in declining official positions in the American Medical Association Congress, is due in part to disapproval of the rules adopted by its managers, and in part to the fact that these managers are not men who should be indorsed to the world as the leaders of the medical profession of the United States.

In secular politics we are familiar with the spectacle of fairly good platforms, with ring candidates thereon, and occasionally we see bad platforms with fairly good men indorsing them; but here we have such a combination of bad platform and bad leaders that it is difficult to see how any one can support or work under them.

For the platform the New Orleans meeting of the Association is mainly responsible; for, although it gave no formal instructions to the committee, it indicated its wish that the Congress should be put on the same basis as the Association itself; while for the selection of the men to organize the Congress the committee is alone responsible.

It is true that the New Orleans meeting by no means represented the Association, and was specially packed with delegates from two or three neighboring States, whose chief purpose in being present appeared to be to obtain control of the Congress; so that if a majority of the members of the Association express their emphatic disapproval of the action taken, which we have every reason to believe they entertain, this action will appear before the world in its true light, as the work of a comparatively small faction intensely desirous of office, and not as that of the Association as a whole. It is important, therefore, that this disapproval should be manifest and distinct.

No doubt it is a disagreeable duty to make public the mistakes and shortcomings of members of the profession; it is much easier to keep silent, and it is on this unwillingness of the best men to engage in any thing like public controversy that the ring politicians rely. This time, however, they have gone too far, and their condemnation is well-nigh universal.—*Philadelphia Medical News*.

The further the few members of the profession, in three or four cities, who made the mistake of supposing they constituted the embodiment of the medical profession in the United States go, in trying to justify their deliberate attempt to obstruct the necessary preparations for a proper organization of the Congress, the more they involve themselves in gross inconsistencies and misrepresentations. Under the head of "Why the New Organization of the Congress should be repudi-

ated," the editor of the Philadelphia Medical News attempts to give the reasons why the action of the Committee of Arrangements at its meeting in Chicago should be rejected.

The editorial mentioned (*Philadelphia Medical News*, July 25, 1885,) contains five paragraphs, each of which contains one or more misrepresentations of fact, although the reasons given are only two, and are stated in the first paragraph as consisting in part of a "disapproval of the rules adopted by its managers, and in part of the fact that these managers are not men who should be indorsed to the world as the leaders of the medical profession of the United States." It is worthy of note, that these two are the *only* reasons that have been given in any quarter for all the bluster and bravado of opposition thus far exhibited. And it would be a sufficient answer to both, to say, as we have said substantially before, that there is *no* "New Organization" of the Congress in existence. Before the work done by the Committee of Arrangements in Chicago could be completed or made ready for publication, the preconceived game of bluff was commenced, and a most industrious effort made to propagate the *strike* throughout the country. Yet, after the lapse of a full month, the whole number of those whose names have been announced as having refused to accept any position in the Congress, under what they are pleased to call the "New Organization," is only about ninety, of the nearly five hundred embraced in the proposed organization; and certainly only an infinitesimal fraction of the 40,000 members of the profession embraced in the American Medical Association and the several State and local societies in affiliation with it.

By "managers" the objectors must mean the members of the Committee of Arrangements, consisting of one from each State, and selected by the delegation of each State present at the meeting in New Orleans. This body of representative men, selected, not by the presiding officer of the Association, nor by a committee that might possibly have been packed for the purpose, but by the representatives from each State acting by themselves and for the profession of their State, are sneeringly spoken of as "not men who should be indorsed," etc. It is well known that nearly all this sneering is really aimed at the member of the committee representing the State of Pennsylvania, though the *News* has not the manliness to say so. But Pennsylvania was represented at the meeting of the Association in New Orleans by thirty-two delegates and permanent members, who alone are responsible for the selection of the proper man to represent the State on the Committee of Arrangements. In selecting Dr. John V. Shoemaker they certainly secured an active, industrious, and efficient representative on the committee. He had done good service as Chairman of the Section of Practice of Medicine, Materia Medica, and Physiology at the meeting of the Association at Washington the year previous; and we suspect that the head and front of his offending consists in the fact that he has had sufficient courage, industry, and talent to push his way to position and influence in the profession without going through the hereditary ruts and mutual admiration circles for which a part of the profession in the Quaker City is noted. . . .

But the editorial writer in the *News* reaches the climax of his recklessness and folly when he adds,

in the same paragraph from which we have quoted, that the action of the Association at New Orleans was "the work of a comparatively small fraction intensely desirous of office." When it is remembered that among the most prominent acts of the first Committee on the Organization of the Congress, in whose behalf the News is so clamorous, was the parceling out of the chief offices of the Congress to themselves until not one of their number was left without an official position in the Congress, and some of them had three or four such positions, while the new committee, composed of men whom the News calls a faction intensely desirous of office, have appointed not one of their number to a general office in the Congress, but have with a just sense of propriety, limited themselves strictly to the work of a Committee of Arrangements, the reckless and desperate straits of those selfish leaders who are vainly endeavoring to maintain the little game of bluff by which they hoped to successfully obstruct the proper preparation for the Congress become painfully apparent to the most superficial observer.—*The Journal of American Medical Association*, (Editorial, August 1st).

The presence of several members of the original committee (at the meeting of the Reconstruction Committee in Chicago) gave a tacit and undoubted acknowledgment of the fact that there was then but one committee recognizable as having the future of the Congress in its charge and keeping. It was naturally anticipated, from the time of the last meeting of the Association at New Orleans, that the augmented committee would effect some radical changes in the plan adopted and reported by the original committee. Indeed, they may be supposed to have been appointed with this direct object; otherwise, the Association might as well have indorsed at once the work of its last year's committee.

One important result of the action just taken may be briefly stated to be, that American membership in the Congress is to be restricted to those members of the profession who are in affiliation with the ethical views of the American Medical Association. This includes all the State medical associations of the country, except the State Medical Society of New York (new code), and all the county and other medical societies of the United States recognized by such State associations, except such in New York State as advocate this modern ethical innovation.

Certainly, the best men of the profession are attached to the county and State medical societies, and the spirit of the Association is opposed to the recognition in any of its official acts or appointments of new-code men, who have for several years past done all that lay in their power to underrate its policy and to minimize the influence of its official labors.

If this action of the Philadelphia members of the profession was to be taken at all, it is, perhaps, just as well that it occurred on the instant of the return from Chicago of the Philadelphia member of the original committee—the editor of the Medical News—as the whole committee, and the profession generally, can now appreciate from the earliest moment the difficulties which environ the Congress, and will have more time in which to make all necessary arrangements to meet them.

As to the permanent effect upon the success of

the Congress, this is one of the problems we shall not attempt to solve. We have never shared the views of those who have thought the future of the Congress hopelessly gloomy, because it had been thought necessary to place the original committee's action under thorough and critical revision. The withdrawal of some of the Philadelphia members just referred to gives the Congress a stab, but the wound may not be mortal.—*College and Clinical Record*.

The American Medical Association enjoined upon the committee the duty of not nominating as officers of the Congress those who have repudiated the ethics of the Association. This restriction does not extend to membership of the Congress. From all that is at present known of the views of the committee, it may be inferred that there will be no restrictions as regards membership on members of the regular profession. This is in accordance with the custom hitherto at the meetings of the International Medical Congress.

There seems to be no valid reason for complaint on the part of those who have made haste to announce their antagonism to the Congress, unless the elimination from official position of those who have disqualified themselves from membership of the American Medical Association be so considered. How many of those who have united to oppose the Congress are willing to admit this as the reason of their action? Practically, however, their action sanctions and encourages those who have attempted to break down the barrier between the regular profession and those who ostensibly practice homeopathy or other exclusive systems of medicine, and it virtually rebukes those who have so earnestly and successfully labored for the honor of the medical profession by sustaining the National Code of Ethics. Have all those who decline connection with the Congress, under its present organization, reflected upon their action in these points of view? They can not have given the matter due consideration. Nothing disrespectful is intended in saying that they have acted with undue haste. How often, under a temporary excitement based on misapprehensions, are conclusions formed and measures taken which are reconsidered and relinquished after a little sober reflection!

A similar action, in quick succession, in several cities, of members of the medical profession, shows undoubtedly a concerted movement. Now concerted movements are for certain definite objects. What are the objects in the present instance? It is not to be supposed that they who have joined in this movement have done so purely from a desire to bring discredit on the profession of the United States by placing obstacles in the way of the success of the Congress. We will not venture to surmise the objects, but leave them for the future historian of the Congress. Whatever they may be, there are certain considerations which, with reference to the movement, it behooves the reflecting members of the medical profession of the United States to bear in mind. One of these is the certainty of the meeting of the International Congress in 1887. At the present moment an International Congress does not exist. The Eighth Congress existed and ceased to exist in August, 1884. The Ninth Congress will exist in America in September, 1887, and meanwhile there is no or-

ganization competent to appoint any other time or place for its coming into existence. It is true the American Medical Association at its next meeting might publish to the world that it recalled the invitation to meet in this country in 1887. Does any one suppose that this will be done?—*Correspondence, Journal American Medical Association, Aug. 1.*

THE CHOLERA AND QUARANTINE.—I have stated the time of transit from European countries to our shores is longer than the incubative period of cholera. If, therefore, by careful inspection of all soiled clothing at the point of departure this factor of conveying the disease is eliminated, we have only to watch the development on shipboard of such cases as may have acquired the disease before coming on the vessel. The moment a case is recognized, or even suspected from any diarrheal discharge, it should be promptly isolated, attendants quarantined, discharges at once disinfected, all soiled clothing promptly destroyed, attendants' hands washed for the slightest stain; it would be promptly suppressed. There is here but the primary factor with which we have to deal. The secondary ones, of contaminated water, floating germs, and conditions of the soil, are absent. If efficient measures are taken, a ship should be a favorable place to repress the disease. It would remain, then, for the land quarantine to maintain the vessel under observation for the requisite time to determine that no new cases occur. A series of measures that would suggest themselves promptly to any health-officer should be taken, such as the removal of all from the vessel to a spot of absolute isolation, the thorough cleansing and disinfection of all the cabins, linen, etc.—*Dr. S. Oakley Vanderpoel, in Science. (Sanitary number.)*

OSMIC ACID IN PERIPHERAL NEURALGIAS. At the recent meeting of the American Neurological Society Dr. Geo. W. Jacoby read a paper on the use of osmic acid in peripheral neuralgias. (New York Medical Journal.) Eighteen cases so treated are tabulated; of these, eight were cured, two improved, and eight remained unaffected. Of the eight cures five were cases of sciatica.

The conclusions drawn from their study are, (1) We have in osmic acid a remedy which is of service in the treatment of certain cases of peripheral neuralgias, and in some cases where every other remedy has failed. (2) Osmic acid is not an anti-neuralgic; its action is very localized, and it frequently fails where other remedies succeed.

(3) Its employment is in most cases very painful and not altogether free from danger.

(4) It is dangerous to implicate a motor nerve in the injection.

Two men were quarreling. One of them threatened to shoot the other. The threatened man, in revival of an old piece of sarcasm, asked: "Where do you bury all your dead?" Just then, an excited man drew the satirist aside, and said: "My gracious! you ought not to talk that way!" "Which way?" "Asking that man where he buries his dead." "Why?" "Because he is a physician."—*Ex.*

THE ILLINOIS STATE BOARD OF HEALTH is now engaged in revising the Official Register of Physicians and Midwives. Any notification of changes, omissions, or errors, will be regarded as a favor, as the Board wishes to make the coming register as correct as possible. Address communications "Secretary State Board of Health, Springfield, Ill."

THE ADMINISTRATION OF IODINE AND ITS SALTS.—It is not generally known, or at least observed, that iodine and its salts are to be administered on an empty stomach, as the presence of starch and acids modifying or decomposing the preparations of iodine would reduce or prevent their effect. *Therapeutic Gazette.*

A CORRESPONDENT of the Physician and Surgeon, reports a case of diabetes mellitus cured by the use of vinegar. The patient was put on anti-diabetic diet and one third of a glass of vinegar diluted with water. At the end of a week the urine was free of sugar. After two months there was no return of the trouble.

THE officers for the ensuing year of the American Ophthalmological Society are, President, Dr. W. H. Norris, Philadelphia; Vice-President, Dr. Hasket Derby, Boston; Secretary and Treasurer, Dr. O. F. Wadsworth, Boston.

THE Independent Practitioner says that Dr. Roswell Park, of Buffalo, recently extirpated the larynx with success in a case of malignant growth.

MR. ERNEST HART, the able editor of the British Medical Journal, has been announced as a candidate for election to Parliament.

The Louisville Medical News.

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J. MORRISON RAY, M. D., - - - Assistant Editor.

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THE OLD OFFENDER IN HIS NEW RÔLE.

In the NEWS of last week was noticed a case of alleged poisoning by paris green, the victim having carried the poison to his mouth by the media of the fingers and a chew of tobacco, while engaged in dusting the toxic drug upon his potato-vines for the destruction of the ubiquitous Colorado beetle.

The following communication from an esteemed friend, who lives in the neighborhood from which the report came, seems to throw discredit upon the item, which was given upon the authority of the local press.

ANCHORAGE, KY., August 4, 1885.

MY DEAR DR. COTTELL: Your case of arsenite-of-copper poisoning is a myth located at Anchorage, and based on the tradition that a man by the same name of your newspaper victim got the paris green in sores on his hand, and died from the effects of it. I have not investigated the truth of the latter report.

Moral: Be careful of the publication of newspaper reports in your excellent NEWS.

Respectfully, * * *

While the above may be said to discount one crumb of evidence against paris green as a too popular poison, and rob our anti-

tobacco friends of a moral which might have been obliquely drawn from it to the discredit of that most unseemly vice, tobacco-chewing, the fact nevertheless holds that the exigencies of modern potato-culture have brought into common use a drug of deadly power, which has already found sufficient demonstration.

Cases of accidental poisoning by paris green, since it became popular as an insecticide, have been authentically reported, and the case as mooted by our correspondent, even if the report prove false, is a hypothetical presentation of conditions which would insure prompt entrance of the poison into the circulation where it would certainly do fatal mischief.

Scheele's green, or arsenite of copper ($\text{Cu}''\text{HAsO}_3$), is one of the deadliest poisons known to chemistry, having in its molecule the poisonous basic metal (Cu), with another still more poisonous in the acid radical (AsO_3), while the atom of basic (H) renders it less stable, and consequently more energetic when turned loose in the animal economy than would be a neutral salt of copper and arsenic. This compound "more or less pure, or mixed with the acetate and sometimes the carbonate of copper" has for many years been known to the painter and the dyer by such names as Brunswick green, Schweinfurth's green, Vienna green, emerald green, and paris green, and as the pigment in green wall-papers, window-curtains, and fabrics for wear, it has long had place in household economics, where it is well known to the toxicologist as an insidious producer of chronic arsenical poisoning. But the making of this deadly drug an adjuvant to agriculture and per consequence a possible spice for our daily food is an expedient of recent date.

The Colorado beetle is one of the inverted blessings which followed in the wake of the late war. The havoc of the opposing armies left our Southern land hungry the desolate, and not many seasons after the farmer had rallied from the shock of war, and was beginning in earnest to raise something

to eat, this irrepressible lover of solanaceous juices moved eastward from his original habital in Colorado, and from the topmost leaf of the supposed invincible potato-vine, made his bow to the swains of the Mississippi Valley. What followed is familiar to all doctors who know enough of country lore to make the differential diagnosis between a hill of potatoes and a hill of beans, and need not be dwelt upon at length. Suffice it to say that the potato-bug swarmed and fed and grew fat, while the potato-crop went down. But his day of reckoning came, and after he had defied the insect-eating birds and the larva-destroying insects, after he had laughed fire to scorn and mocked the men, women, and children who turn out in force to pick him like a harvest of berries, some military genius took the field against him with paris green, and, after a short campaign, was able to bring him to terms of capitulation, but not unconditional surrender.

As a consequence of the seeming alternative of no arsenic, no potatoes, with which the farmer was presented, paris green became a common factor in potato-culture. It is manufactured by the ton and sold in packages like salt or sugar, and, being placed in quantity in the hands of the ignorant and the careless, it has by misadventure already done some fatal work, and is certain to do much more.

The avenues through which its pernicious effects may be operative are many, and will doubtless ere long claim medico legal attention. Three of these may be mentioned as being of especial interest.

First, the drug may be fatal to the farmer or gardener, entering his mouth by way of dirty fingers, his blood through abraded skin, or, flying in the air, pass in through the respiratory tract. Second, it may be fatal to the consumer, not through the potatoes, which are underground and but slightly developed at the time when the poisoning of the potato-bug is going on, but by the media of adjacent-growing vegetables, such as peas, beans, early cabbages,

etc., upon which the green poison-dust is wafted by the winds from the potato-vines or the hands of the sprinkler.

And third, it may remotely be the cause of untold mischief by contaminating the soil upon which it falls from year to year. Instances of fatal poisoning by paris green through the two first means described are not wanting. The third source of danger is a suggestive theme for the agricultural chemist, and will doubtless reward his careful study. The prolific potato-bug may pass challenge as an unmixed curse, but the mitigation of his annual onslaught upon the young potato-vines by the use of paris green, while it may save the crop, is by no means an unmixed blessing.

Bibliography.

The Curability and Treatment of Pulmonary Phthisis. By S. JACCOUD, Professor of Medical Pathology to the Faculty of Paris; Member of the Academy of Medicine; Physician to the Lariboisière Hospital, Paris, etc. Translated and edited by MONTAGU LUBBOCK, M. D. (London and Paris), M. R. C. P. (Eng.), Assistant Physician to the Charing Cross Hospital, etc. New York. 8vo, pp. ix and 407. D. Appleton & Co. 1885. For sale by John P. Morton & Company.

The translation into English of this able and elaborate monograph is looked upon as one of the most important medico-literary events of the year. Prof. Jaccoud has been for some years a recognized authority in pulmonary diseases, but the English-speaking world has heretofore been compelled to estimate his work through brief abstracts from his lectures in the medical journals and briefer quotations in standard works. An original treatise from his pen, in English dress, will be eagerly sought and read by all who pretend to keep pace with medical advancement.

It is to be regretted that the author's work was completed before the discoveries of Koch had lit up that dark corner of pathological research yclept tuberculosis. For a knowledge of the tubercle bacillus, and its relation to phthisis, while it would not have modified the force of his admirable scheme of management in given cases, would have saved the author considerable ink and paper now unprofitably devoted to

the discussion of exploded theories, leading him to seek elsewhere for the how and the why of some of his therapeutic successes.

The author says that "the most important question in the treatment of phthisis is recognized to be the interesting and complex problem of climatic stations in winter or summer. There is no other disease in which the climate may be regarded to the same extent as a truly therapeutic means of treatment."

This is the text of the author's discourse, and the reader will find that he brings to the discussion of his theme thorough scientific equipment and perfect familiarity with all the old-world health resorts, which are, or ever have been, in repute with consumptives or their physicians. He urges his views as to the value of this factor in treatment philosophically, wisely, and with much originality, and through this work places in the hands of the physician many valuable facts which will, in a given case, enable him to solve practically what has ever been a dark and difficult question in the management of phthisis.

In the matter of drug therapy and the most approved methods of administering direct treatment, the book is well abreast if not slightly in advance of the common teachings of the day.

The translator has done his work well in the main, but, striving for a literal rendering of the text, he forsakes the idioms of his native tongue in some sentences, and carries the reader to the implicated thought by a round-about, wordy, and wearisome route.

The Technology of Bacteria Investigation; explicit directions for the Study of Bacteria, their Culture, Staining, Mounting, etc., according to the methods employed by the most eminent investigators. By Charles Dolley, M. D. Cloth. 12mo, pp. xii and 263, price, \$2.00. Boston: E. S. Cassino & Company. 1885. For sale by John P. Morton & Company.

Elements of Modern Medicine, including Principles of Pathology and Therapeutics, with many useful memoranda and valuable tables for reference. Designed for the use of Students and Practitioners of Medicine. By R. French Stone, M. D., Professor of Materia Medica, Therapeutics, and Clinical Medicine in the Central College of Physicians and Surgeons, Indianapolis, etc. Turkey-levant, flexible covers; pocket edition,

12mo, pp. xiv and 369. New York: D. Appleton & Co. For sale by John P. Morton & Company.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The cholera question is still the absorbing topic in the lay as well as in the medical press, and this, as you have observed in your editorial of the 27th June, is no more than natural after the terrible ravages of the disease in Southern Europe during the summer and autumn of last year; and the reports from Spain still keep up an unmitigated interest on the subject.

All attention seems to be concentrated on the efficacy, or otherwise, of Dr. Ferran's inoculations as a prophylactic against the cholera. You will have heard of the missions sent by some of the European Governments to Spain to study the effects of these inoculations and the mode of procedure of their reputed inventor, which, after great hesitation on the part of the authorities, he has been allowed to put in practice. These he was carrying out on quite a large scale when the Spanish Government, finding that they did not much alter the death-rate, which continued to be from fifty to seventy-five per cent of those affected by the disease, whether they were inoculated or not, put a stop to them. The official report of the French mission which was sent to Valencia about a fortnight ago, and which was composed of Prof. Brouardel, Dr. Charrin, and M. Albarran, a hospital interne, and who has already distinguished himself as a micro-biologist, probably had some influence on the decision of the Spanish Government. Dr. Ferran having refused to inform these gentlemen of the precise nature of his inoculation fluid, or even to allow them to assist at the experiments, the mission returned to Paris, and Dr. Brouardel in his report condemned Dr. Ferran's conduct as being unprofessional and opposed to the usages observed among scientific men.

Dr. Gibier, who was sent about a fortnight previously on the same mission, returned to France none the wiser as to the nature of the inoculation fluid. He, however, obtained a few samples of the liquid, which upon examination he found to contain the comma-shaped bacilli, which are

said to be characteristic of cholera, but he could not say scientifically whether they possessed any attenuated virulence. In fact, the inoculating liquid is described as being rather complex, and Dr. Ferran so far confided to Dr. Gibier that a certain portion of bile entered into its composition, but he was obdurate in his refusal to give him an insight into its preparation.

The effects which followed the inoculations by Dr. Gibier were stated to be nothing else than those which would be produced by the subcutaneous injection of any irritating liquid, that is to say, a slight redness of the skin, a gentle heat, a little swelling of the neighboring tissues, in fact, all the local symptoms of a mild inflammation. General symptoms were ordinarily but little marked, there was slight fever, headache, and slight gastric troubles. The diarrhea, which was said to be frequent, was noticed only once in a thousand cases. Sometimes abscesses have been observed, but they may be attributed to the careless way in which the inoculations are performed. In other words, none of the symptoms of true cholera were noticed, and Dr. Gibier states that it was impossible to determine whether the local effects produced by the inoculations ought to be attributed to the more or less attenuated virulence of the comma-shaped microbes contained in the liquid, or whether they are due simply to the action of the vehicle employed, and, as mentioned with reference to the other mission, Dr. Gibier could get no assistance from Dr. Ferran to elucidate the question. On his own account, however, Dr. Gibier was enabled to ascertain that the blood of persons inoculated contained no comma-shaped bacillus in the twenty-four hours following the inoculation. The bacillus never enters into the blood, it remains under the skin and elsewhere, and if it reaches the circulatory current, it does not find a favorable medium for its development; therefore it is difficult to explain in what way Dr. Ferran's inoculations would afford immunity against cholera. Even supposing that this preventive action is really demonstrated, it remains to be seen whether it will continue, and for how long. It is now known that cholera may affect the same individual more than once, and although the most plausible reports have been published respecting the efficacy of the cholera inoculations, Dr. Gibier advises that they should be received with great caution, as it has been known that they have not been

always drawn up with scrupulous exactitude.

Dr. Gibier had performed several autopsies of cholera patients in Spain, and he visited more than four hundred patients in hospitals or in their houses, accompanied by Dr. Van Ermengen, the Belgian delegate. Both were in accord as to the general conclusions to be drawn from their personal observations. They discovered that the disease that was raging in Spain was really the Asiatic cholera.

Dr. Gibier's description of the Spanish hospitals is any thing but flattering, for they can not bear any comparison, either for cleanliness or comfort, with the French institutions of the same kind, which, however, according to the English or American ideas, are far from being irreproachable.

Dr. Gibier, in his report, related an anecdote on an incident which happened to him on his way from Spain, and as it is both curious and instructive I would mention it here for the benefit of your readers. In passing through Tortosa, the travelers had to alight from the train, and they were left exposed for two hours in the open air in the middle of the night. During this time the carriages were disinfected, and this absurd operation was effected by filling the carriages with the vapors of hyponitric and sulphurous acids. Dr. Gibier had left in his compartment a small phial, slightly corked, containing comma-shaped microbes, which he had collected at the autopsies. The microbes were supposed to have been thus disinfected, and yet on the return of Dr. Gibier to his compartment he found them alive and healthy.

In spite of Dr. Ferran's inoculations, the cholera is not abating, for, although diminishing in the towns first stricken, it is extending itself to others. Great wood fires and sulphur are being burnt in the streets as a means of disinfecting them. The influence of drinking-water as the principal vehicle of cholera germs is now generally recognized even by the Spaniards, and it is said that the origin of the disease has been distinctly traced to this source, for the towns affected were, for the most part, situated at the mouths of rivers.

PARIS, July 17, 1885.

DR. FEHLING, of Stuttgart, well known for his invention of the celebrated sugar test which bears his name, died on July 1st, in his seventy-third year.

Selections.

SURGERY IN NORTH GERMANY.—In the Boston Medical and Surgical Journal of July 23d is found an interesting letter from its German correspondent. In speaking of the use of antiseptics in North Germany he truly says that in Hamburg, Kiel, Berlin, Leipsic, Halle, one finds hospitals which a paternal government has found it for its interest to support, conducted by men whom an excellent system of drill and selection has made masters. At Hamburg, differing from the other mentioned places, one finds an old hospital, at present (though a new one is being built) of faulty construction and crowded with patients in ill-ventilated, untidy wards. The hospital has some fifteen hundred beds and a surgical service of eight hundred; four hundred under a continued service of one surgeon, Schede. It is at this hospital that the chief point of difference in the "point of attack" of the North German Surgical School and our own is most noticeable. With us soiled linen, dirty paint, unclean plastering, untidiness of the ward, sloppy and unneat floors are justly considered hygienic crimes. But we never think it obligatory for a surgeon to put on a freshly washed coat on every visit, or that one who operates with an old blood-bespattered coat may be hygienically a great sinner, and that one who operates without thoroughly scrubbing his hands with antiseptics until they are scientifically clean, may, in fact and not in fancy, be a death-dealing Azrael. It is not thought necessary for the dressers and the house students to wear every day, on their visits, freshly washed coats; they are often allowed to wear their own ordinary woolen clothes, even though the day before they may have been coughed upon by diphtheria and the sleeves may have been wet with the pus of a foul wound. The dresser, who may have just done up a sloughing compound fracture, assists at an ordinary operation without having scrubbed his hands, satisfied with a superficial dip in a solution of carbolic acid. The result is, that although our hospitals are models in appointments, ventilation, general cleanliness, and although we attempt antiseptic surgery, and take pains to isolate patients, yet we can not claim to have banished erysipelas, or that form of cellular wound inflammation which prevents first intention, makes compound fracture often an introduction to long suppuration, caries, necrosis, fistula,

etc. At the above-mentioned North German clinics, what may be termed general dirt is not always well looked after, but the specific dirt, on the hands, instruments, sponges, dressings, etc., is avoided as carefully as in a biological laboratory where pure cultures are sought for, and the result is that in all of the above-mentioned places they claim to have banished erysipelas in all of the cases operated upon, the few cases of the disease being practically only those where erysipelas had been developed before the patients entered the hospital. This statement certainly corresponded with the temperature charts, the graulating wounds, the appearance of the patients as seen by the visitor. First intention appeared to be much more commonly gained than with us, and sinuses left after operations upon bone to be much more exceptional. And the following list of patients seen at the clinic on a morning's visit will be sufficient to prove that a rate of success is not due to the fact that the operations are not grave ones: ten cases of excision of the hip-joint, four being of adults, four laparotomies, three cases of trephining, two cases of excision of the knee, one case of removal of three fourths of the left iliac bone by a chisel, one case of removal of two thirds of the left parietal bone for caries and consequent cerebral abscess, one case of sawing through the patella, and dissection of the diseased synovial membrane, several cases of removal by a chisel of carious portions of bone in the epiphyses of the knee-joint, several primary amputations, one case of excision of the wrist, two cases of excision of the ankle.

These cases were all found to be in a very satisfactory convalescent condition, with the exception of one case of laparotomy, for malignant disease, where the patient showed signs of recurrence of the disease, though no fever was present; one case of excision of the hip, and one of the knee free from fever, but showing evidence of extension of the disease of the bone. A laparotomy for examination of disease of the gall-bladder was performed after the morning visit.

Varying in important matters, the detail of operations and dressings at the hospitals in North Germany may be described as follows: The surgeon washes his hands and arms in soap and water, then in a solution of corrosive sublimate (and in the graver cases in ether first to remove all fatty matter) using a nail-brush, which is kept in a solution of corrosive sublimate, and a knife

to remove any foreign matter under the nails. The patient's skin is shaved and washed and scrubbed in the same way. An antiseptic spray is used in the room before the operation, but except in a few clinics, sepsis is prevented by irrigating the wound by solutions, weak antiseptic solutions, and by rigorous cleanliness of the instruments. These are kept in a tray under a carbolic solution, and as they are used and laid aside they are scrubbed by an attendant with a brush and again put in the tray. The assistants use the same precautions in cleanliness that the surgeons do, and all are dressed in freshly cleaned linen jackets, and the operator and his immediate assistant wear india-rubber aprons, which are washed with corrosive. At the close of the operation the wound is well doused with a solution of corrosive (1-2000 and 1-5000) and the dressing applied.

THE CONSTITUENTS OF ERGOT OF RYE.—

An advance has been made in our knowledge of the constituents and action of ergot of rye (*vide* Kobert, *Archiv für Exper Pathol. und Pharmacol.*, reviewed in the *Berlin Klinische Wochenschrift*). The practical result is, that the extractum secalis cornuti of the pharmacopeias is most unfitted for causing uterine action, for it contains only ergotic acid. Pure ergot of rye, undeprived of oil, and gathered in the autumn, is to be recommended. There are three chief physiological constituents in spurred rye. The first is ergotic acid (which forms most of Dragendorff's sclerotic acid). This substance does not set up ergotism, but, in frogs, it causes paresis and anesthesia; the animal may be made to appear dead for a week, the circulation still going on. Ergotic acid might apparently replace curare in experiments. Chronic feeding with ergotic acid causes no symptoms of any sort in rabbits, but hypodermic injections cause incoordination, general paresis, and death from paralysis of respiration. Sphacelic acid comes next, a resinous looking non-nitrogenous body. Given to fowls, this may cause the comb and wattles to become black and dry, even in a few hours, a true gangrene being set up. This is due to excessive contraction of the arterioles, causing extremely diminished blood-supply and hyaline thrombosis. After a fatal dose, retching, diarrhea, and vomiting set in, with ataxy, and death may be due to tracheal obstruction. If the animal survive, much larger doses will now be required before the

same symptoms are repeated. Long feeding with it caused the loss of the wing in one fowl, the general health being undisturbed. A remarkable thickening of the skin was also noticed. The third pharmacological element is a basic substance, cornutin. This is not identical with the wholly inoperative "ergotin" of Tanet, but forms the main constituent of ergot of rye after its oil has been removed. It causes death with convulsions in animals. The irregular contractions which it sets up in the uterus (gravid or not) have nothing to do with the true uterine tetanus consequent on taking large doses of secale cornutum, and which is to be ascribed to sphacelic acid. Cornutin causes convulsive ergotism; sphacelic acid causes gangrenous ergotism. Why in some seasons and neighborhoods only sphacelic acid develops in spurred rye, while, in others, cornutin is almost the only constituent, is unknown.—*British Med. Journal*.

CONSERVATIVE OVARIOTOMY.—Professor Schatz, of Rostock, has described in the *Centralblatt für Gynäkologie*, a highly interesting case of pregnancy following double ovariectomy performed after a plan recently advocated by Schröder. On February 20, 1880, Dr. Schatz removed from a girl aged twenty a large cystic tumor of the left ovary, including the outer third of the fallopian tube, and all the ovarian tissue. The right ovary was distinctly enlarged and cystic; it was ligatured by means of three silk threads passed between it and the broad ligament, and cut away in such a manner as to leave a piece of ovarian tissue, hardly two millimeters broad, on the proximal side of the ligature. The right tube remained intact. An abscess formed, during recovery, in the track of a suture in the abdominal wound. On March 21st, when the period was due, severe pain was felt on the right side of the hypogastrium and right thigh, with vomiting and fever. The symptoms recurred on April 8th and May 8th. No deposit could be detected in the pelvis. The first "show" appeared on May 9th; it lasted three days, and was pale and scanty. It recurred on May 31st. In the interval, there were attacks of pain in the left groin. On June 11th, a swelling of the size of a plum was detected behind and to the left of the uterus, which was strongly ante-flexed. On June 28th, severe sacral pain set in; it radiated to the left inguinal region, and disappeared at period, which was copious, and lasted for six days. On July

15th, the uterus was found to be small and retroverted. The catamenia thenceforward appeared regularly till the patient's marriage in April, 1884. She became pregnant in September, and was delivered on May 12th of this year.—*British Medical Journal*.

TACT IN FEEDING INFANTS.—In no detail of nursery routine is a "knack" more serviceable than in feeding. This is especially true during the first days of weaning time, when the mother's anxiety over a refusal even to taste the novel food in the novel way is apt to be at the most distressing point. What often passes for distaste, or even lack of appetite, may be only a momentary whim easily overcome by a little judicious persuasion, perhaps under cover of some little ruse or a temporary diversion of the attention, during which the feeding may be accomplished in a mechanical way. An attempt to force a child to eat against his will, even when obviously in need of nourishment, may do more than fail of its purpose; it may provoke a rebellious spirit and create an aversion not only to the particular food administered, but to any other that may next be offered, which would, under other circumstances, be entirely acceptable to the fastidious little one. This repeated refusal adds anxiety to anxiety, the fact being overlooked that it is abnormal and might easily have been averted. Moreover, we can not tell to what extent our own feelings at such a time react, in spite of ourselves, on the baby; but react they often do, and only add complication to our troubles.—*Babyhood*.

RAYNAUD'S DISEASE.—At a recent meeting of the Clinical Society of London (Medical Press and Circular) Dr. Calcott Fox brought two adults affected with this disorder, and read notes on the cases. A woman, aged forty-one, of extremely nervous temperament, dated the commencement of the disorder from ten years back, but though this was the period when her attention was attracted by her pain, it is probable that she suffered from slight attacks for some years previously. In the earlier stages all her fingers continually went "like white wax." This condition of recurrent local syncope gradually gave place to local asphyxia, and the feet became involved. The fingers gradually lapsed into a state of chronic asphyxia, which was intensified by frequent attacks of more severity, often leading to "blood blisters and ulceration." The nutrition of the phalanges has suffered greatly,

so that her hands are crippled, the fingers are fusiform in shape, livid, shiny, and withered, the nails variously distorted, and the end phalanges much atrophied and almost immovable. The nose and ears are affected to some extent on exposure. Cold and nerve shocks are ready exciting influences. The second case was that of a man, aged fifty-one, and was of considerable interest from the fact, that like one of Raynaud's cases, he suffered from diabetes. His hands were not deformed, but he had suffered for several years from "dead fingers. He sought Dr. Fox's advice for symmetrical gangrenous patches on the skin, which recurred, and later for an attack of asphyxia of one great toe and lower third of the inner side of the leg, and then it was found that he had been attacked in a similar manner, though more severely in the other toe, and on another occasion blood blisters had formed beneath the ends of his toes. Dr. Fox concluded his paper by giving a reference to some cases which have been recorded as a scleroderma of the extremities. A woman with the latter disease was shown to illustrate the difference between it and Raynaud's symmetrical gangrene of the extremities.

Dr. R. W. Dunlap, a prominent physician of Danville, died of heart disease recently.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from July 19, 1885, to July 25, 1885:

Major Jos. H. Bill, Surgeon, U. S. A., died at Yonkers, N. Y., July 21, 1885. *Lieutenant-Colonel Charles McDougall*, U. S. A. (retired), died at Fairfield, Va., July 25, 1885. *Captain Calvin Dewitt*, Assistant Surgeon, promoted to Major and Surgeon vice Bill, deceased, to take effect from July 21, 1885. *Francis J. Ives*, appointed Assistant Surgeon with rank of First Lieutenant, to rank as such from July 25, 1885. *Captain A. C. Girard*, Assistant Surgeon, from Department East to Department Columbia. *Captain R. G. Ebert*, Assistant Surgeon, from Department Columbia to Department East. (S. O. 170, A. G. O., July 27, 1885.) *Captain L. S. Tesson*, Assistant Surgeon, ordered from Fort Stockton, Texas to Fort Davis, Texas. *Captain W. F. Carter*, Assistant Surgeon, ordered for duty as Post Surgeon, Fort Stockton, Texas. (S. O. 90, Dept. Texas, July 27, 1885.) *Captain A. H. Appel*, Assistant Surgeon, ordered for duty with U. S. troops forming portion of guard of honor over remains of ex-President, General Grant, at Mount McGregor, N. Y. (S. O. 36, Division Atlantic, July 29, 1885.) *Captain Wm. C. Gorgas*, Assistant Surgeon, granted leave of absence for two months, to take effect about August 10, 1885. (S. O. 169, A. G. O., July 25, 1885.)